

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40527**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 64		PRIMARY REG. DIST. NO. 4109		Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY CHARITON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton			
b. CITY (If outside corporate limits, write RURAL and give town) KEYTESVILLE		c. LENGTH OF STAY (in this place) 2 MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) Keytesville		b. 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORTH-EAST-PART-OF-KEYTESVILLE				d. STREET ADDRESS (If rural, give location) North east part of Keytesville			
3. NAME OF DECEASED a. (First) JULIA			b. (Middle) ADELINE		c. (Last) HERSHEY		4. DATE OF DEATH (Month) (Day) (Year) DEC. 10 - 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED. 1		8. DATE OF BIRTH MARCH 16 - 1897	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months 9 Days 25	IF UNDER 24 HRS. Hours 25 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME EDD. MANING		13b. MOTHER'S MAIDEN NAME JANE - MINICH		14. NAME OF HUSBAND OR WIFE JESS - HERSHEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JESS HERSHEY - KEYTESVILLE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage (apoplexy)				INTERVAL BETWEEN ONSET AND DEATH 12 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. endocarditis					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from October , 19 45 , to Dec 10 , 19 49 , that I last saw the deceased alive on Dec 10 , 19 49 , and that death occurred at 3:45 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Carl C. Heger (Degree or title) M.D.				23b. ADDRESS Keytesville Mo		23c. DATE SIGNED 12/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) NOT BURIED		24b. DATE DEC. 12 - 1949		24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT		24d. LOCATION (City, town, or county) (State) CHARITON-COUNTY - MO	
DATE REC'D BY LOCAL REG. 12-12-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Keytesville Mo.			

DEC 13

RECEIVED

District Health Officer No. 8,

District File Number.....

File No. 12-22-49

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Signed H. O. Garrison

Signed.....
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Key West Fla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.